

**DEVELOPMENTAL COUNSELING FORM**

For use of this form, see FM 22-100; the proponent agency is TRADOC

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

**PART I - ADMINISTRATIVE DATA**

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

**PART II - BACKGROUND INFORMATION**

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Discuss the soldiers Borderline Compliance with the Army Weight and Body Fat Standards IAW AR 600-9.
- Discuss possible courses of action and solutions.
- Inform the soldier of the possible adverse effects this could have on his/her career.

**PART III - SUMMARY OF COUNSELING**

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

On (Date) \_\_\_\_\_, you were weighed and taped IAW AR 600-9.

1. Your authorized screening weight IAW AR 600-9 is \_\_\_\_\_ lbs.  
Your current weight is \_\_\_\_\_ lbs.  
You are over your screening weight by \_\_\_\_\_ lbs.
2. Your authorized Body Fat % IAW AR 600-9 is \_\_\_\_\_ %.  
Your current Body Fat % as determined by using the tape method is \_\_\_\_\_ %.  
You are over your allowable Body Fat % by \_\_\_\_\_ %.

In addition, I am informing you that you are within the 5% zone suggest by AR 600-9. This regulation states that you should target your weight at 5% below your screening table weight. You are still within the regulation. It is my recommendation that you aggressively monitor your weight and body fat % and seek nutrition counseling. Should you become enrolled in the weight control program, the following actions will be taken:

1. You will be flagged IAW AR 600-8-2 (suspends all favorable actions to include military and civilian schooling).
2. You will be required to see a doctor to determine if there are any medical conditions causing this condition.
3. You will be required to attend nutrition counseling.
4. You will be required to attend a monthly weigh-in as directed.
5. You will be required to maintain satisfactory progress. Satisfactory progress is defined as weight loss of 3-8 pounds per month.
6. You may not be removed from the program until you achieve your body fat %. The screening table weight will not be used to remove you from the program.
7. You will be enrolled in the Special Population PT Program.

In addition, if you fail to achieve satisfactory progress for any two (2) consecutive months, you may be processed for separation from the military. If after a period of 6 months, you have not made satisfactory progress, you may be separated from the military. If you meet the body fat % and are disenrolled from the program, the following statements will apply:

1. If you are enrolled in the program within 12 months from the date of your removal, you will be separated from the service.
2. If you are enrolled in the program after 12 months but within 36 months from the date of your removal, you will be given 90 days to meet the standard. If you fail to meet the standard after 90 days, you will be separated from the military.

**OTHER INSTRUCTIONS**

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action:** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

I have made the following suggestions to the soldier, he/she has initialed next to the suggestions they would like to participate in:

- Suggest that the soldier voluntarily conduct monthly weigh-in to monitor weight. \_\_\_\_\_
- Suggest the soldier see the dietician. \_\_\_\_\_
- Recommend a discussion with the unit Master Fitness NCO. \_\_\_\_\_
- Recommend the soldier conduct PT during lunch hour or after duty hours. \_\_\_\_\_
- Offered my time during lunch/after duty hours to work with soldier. \_\_\_\_\_
- Reviewed the Statement of Notification for substandard performance with soldier IAW AR 635-200. I emphasized to the soldier that this was informational only. The soldier was provided with this information so that they could make an informed decision. We will conduct a follow-up counseling 2 weeks from today's date.

Soldier gave the following reasons for borderline performance during this weigh-in:

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**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** (Leader's responsibilities in implementing the plan of action.)

- Encourage the soldier to conduct PT after duty hours or during lunch to improve his/her physical conditioning.
- Offer the soldier the opportunity to do PT with me.
- Provide the soldier the opportunity to meet with the unit Master Fitness NCO and dietician.
- Monitor soldiers progress.
- Conduct assessment of counseling in two weeks.

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: \_\_\_\_\_ Individual \_\_\_\_\_ Date of \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.